Dr. Moise’s Medical Update

High Cholesterol with Spinal Cord Injury

Medical management of spinal cord injuries has improved greatly over the last few decades, so those with spinal cord injury are living longer (although still not as long as those without paralysis). Whereas in the past, kidney complications of spinal cord injury were the most common cause of death, this has dropped way down on the list and heart disease due to coronary artery blockage has moved up to being one of the most common causes of death after spinal cord injury. Multiple research studies have confirmed that cardiovascular disease is more common and occurs prematurely in those with spinal cord injury as compared to the general population. High cholesterol, especially the “bad cholesterol” LDL, is a proven risk factor for developing coronary artery disease and heart attack. Research on people with spinal cord injury has confirmed that they get high cholesterol more often and at a younger age than able-bodied individuals.

Research on the general able-bodied population has shown that treating high cholesterol (also called hyperlipidemia) can reduce the risk of heart disease by about 30% over a 5-year period. A recently published study in “The Journal of Spinal Cord Injury Medicine” (Volume 34, No. 1) found that 60% of men with spinal cord injury who were age 45 or above had abnormal cholesterol (lipid) levels, yet this same study found that men with spinal cord injury are tested for lipid problems and treated for high lipid levels at a much lower frequency than for the general population.

It is not known why this is so. Perhaps doctors are focused on other things besides basic health maintenance testing when a patient is in a wheelchair, or perhaps people with spinal cord injury, don’t get yearly checkups with a primary care provider as often as the able-bodied population. Whatever the reason, there is a double whammy for those with spinal cord injury; not only is the risk of high cholesterol and heart disease higher, but the tests that could lead to the prevention of clogged coronary arteries and heart attacks are not getting done as often as for the able-bodied population.

We need to change these statistics! For the medical providers reading this newsletter, remember to order a fasting lipid panel blood test on your patients with spinal cord injury. For the readers with spinal cord injury, see your primary care doctor every one to two years and ask for a cholesterol (lipid panel) blood test. Even if you are in your 20’s or 30’s you can get an abnormally high cholesterol level, so don’t wait until you are older and the damage has already been done. Prevention is the best medicine!
Outdoor Recreation Experience 2013

We had a total of 86 individuals involved in this event this year, including 27 participants, 35 guests/family, and 24 volunteers. Individuals with all abilities and diagnosis participated including: amputations, CP, spina bifida, spinal cord injury, traumatic brain injury, stroke, autism and Down syndrome. Like in previous years, the event consisted of fishing, handcycling, archery and canoe/kayak. Mt. Gear donated the canoe and Invacare donated the use of handcycles for the day. A BBQ lunch was served to all in attendance. The weather was perfect and the event was flawless!

Special thanks go out to all the SLRI/INHS volunteers that assisted:

- Krista Coleman - Intern
- Drew Confer
- Teresa Dixon
- Ashley Donham - Intern
- Sara Dunbar
- Cheryl Hanna
- Jen Hutchison
- Kathy June
- Bob Morden
- Becky Rivera
- Michelle Schubert
- Marissa Socha - Intern
- Barb Stuebing
- Taci VanLeuven

Skifest 2013

Another great year for the books! Again, we had a variety of disabilities and ages served at the event including spinal cord injury, amputation, CP, spina bifida, Down syndrome, TBI, and stroke. Age range for participants was between 5 and 65 years old. We had 2 boats and 4 jet skis for use both days thanks to volunteer operators. Sponsorships were from Rocky Mountain Medical who provided the BBQ lunches and scholarships for those who had financial hardship; and Cure Medical with a $1000 check for overall event support.

The weather was perfect and there were no unusual occurrences to report! We had a couple of veteran Skifest participants make a comeback this year. It was the first time in years for some! We also were able to bring out 6 current patients from all units between the 2 days with help from Cara Cabrera and Becky Rivera for billing purposes. All feedback was positive from the volunteers, guests and participants.

Special thanks to the SLRI/INHS volunteers:

- Dean Bunkowske
- Melissa Carder
- Mark Christensen
- John Craig
- Nicolee Curtis
- Ashley Donham - Intern
- Ryan Hill - Intern
- Mary Niski
- Emily Querna - Intern
- Danni Russell
- Kevin Smith
Support Group

SCI support group: meets every 4th Wed from 1 - 2 p.m. at St. Luke’s. Please check at front desk for room as location changes on occasion. SCI support group facilitates an opportunity to interact and network with peers living with spinal cord related injuries and deficits. Family and friends are always welcome.

SCI Peer Mentors Needed

The Washington state branch of the Christopher Reeve Foundation, SCIAW, is looking for people with spinal cord injuries in Eastern Washington to volunteer to be trained as peer mentors for others with spinal cord injuries. We need people of every age group, gender and ethnicity. If interested, please call Dr. Moise’s office at (509) 473-6706 to give your name, phone number, and state that you would like to become a SCI peer mentor.

Wheelchair For Sale

Pride Mobility Quatum Series Motorized Wheelchair $4000.00
Excellent condition – 2 years old – hardly used
Maroon
Fully equipped power wheelchair
Left side controller (can be change to other side)
55 amp battery & charger
18 x 18 deluxe curve cushion
Instructions
Call (509) 999-6438

Speaking with a Tracheostomy or Ventilator

By Megan Wood, ST

A tracheotomy is an incision in the front of the neck which forms a hole for a tube to be inserted into the airway. Instead of breathing through the nose and mouth, the person breathes through the tracheostomy tube.

After a spinal cord injury, a person may have difficulty breathing and coughing from complete or partial paralysis of the breathing muscles. They may need a ventilator if there is severe weakness of the breathing muscles (i.e. diaphragm). A ventilator is connected to the tracheostomy tube and pushes air into the lungs. Secretions may be suctioned through the tracheostomy tube if a person is unable to cough and clear their secretions.

After a tracheotomy, a patient will work with the Speech Language Pathologist to learn how to speak and swallow with the tracheostomy tube. With a ventilator or tracheostomy, a patient will not be able to speak because there is no air exhaled through the mouth and nose to vibrate the vocal cords. Sometimes, a person may be able to say a few sounds but they will quickly run out of air.

By connecting a speaking valve to the tracheostomy tube the person is able to inhale through the tracheostomy tube and exhale through their mouth and nose.

When connecting a speaking valve to a ventilator, the ventilator pushes air into the lungs and the person exhales through their mouth and nose. When the air is exhaled through the mouth and nose, the air vibrates the vocal cords and allows the person to speak.

A tracheostomy or ventilator can also affect a person’s swallow because there is no pressure below the vocal cords or airflow through the mouth and nose. A speaking valve can improve a person’s swallow because it restores the pressure and airflow.

A physician, nurse, respiratory therapist, dietitian, and speech language pathologist work closely together in managing the care of a person with a tracheostomy or ventilator.
New Faces
By David Jacques, PTA

Nicole Bedey, MPT (Doctor of Physical Therapy)
College:
- University of Montana (Exercise Physiology 2004)
- Northern University’s Doctoral Program (Physical Therapy 2012)
Free time: running, hiking and downhill skiing
Likes best about working on the spinal cord unit is making a difference in her patient’s lives, one patient at a time.
Nicole started working at St Luke’s in September 2012.

Daniel Bell, COTA (Certified Occupational Therapist Assistant)
Training:
- United States Army. On active duty from 2007-2012 and is now in the reserves.
Free time: softball, playing music, hiking
Likes best about working on the spinal cord unit camaraderie among staff and enjoys treating patients.
Daniel started working at St Luke’s in September 2012.

Jaime Hopoi, MPT (Doctor of Physical Therapy)
College:
- Pepperdine University
- Eastern Washington University (Doctor of Physical Therapy)
Free time: reading, swimming and spending time with family
Likes best about working on the spinal cord unit is working with a variety of diagnosis.
Danni Russell, PTA (Physical Therapy Assistant)

College
- Spokane Falls Community College – 2012

Free time: coaching swim team, reading, taking her dog Lolo for walks and wine tasting events

Likes best about working on the spinal cord unit is that she can share her stories and progress with patients.

One of the reasons Danni became involved in working with spinal cord patients, is that when she was younger, she suffered a Cauda Equina injury and knows firsthand what it is like to sustain a spinal cord injury.


Taci VanLeuven, MOT (Master of Occupational Therapy)

College:
- Westmont College in Santa Barbra, California
- Eastern Washington University Master of Occupational Therapy (2012)

Free time: coaching volleyball, refinishing old furniture, hiking and boating.

Likes best about working on the spinal cord unit is watching her patients make progress.

Taci did one of her internships at St Luke’s and then started working at St Luke’s in January 2013.

Outpatient therapist Hilary Lott announces the arrival of her 3rd son: Colin Matthew Lott born 5/13/13.

Congratulations Hilary!
FES Bike
Arms not getting you enough exercise? Use your legs to exercise your heart and improve cardiovascular fitness with the Community Functional Electrical Stimulation (FES) Bike Program.

Call St. Luke’s Outpatient Therapy at (509) 473-6869 for more information.

Participants will be assessed and trained, along with their caregiver. Training is by a physical therapist. In 5-10 visits participants will be able to perform independently.

Offered 2-3 days per week
$35 dollars per month